



**Development Services Department**  
1515 NW 167<sup>th</sup> Street, Bldg.5, Suite 200  
Miami Gardens, Florida 33169  
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[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

## Group Home Distance Requirement Form

All requests for a CRH distance requirement shall be submitted in person or by fax. A fee of **\$115.00** must be payable to: **City of Miami Gardens**

**Group Home includes:**

Process #: \_\_\_\_\_

- Assisted Living Facility (ALF)
- Adult Family Care Group Home
- Development Disabilities Group Home
- Adult Day Care

**Date:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Facility Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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### **For Office Use Only:**

\_\_\_\_\_ **APPROVED** - I certify that the above CRH of no more than **6** bed capacity is **not located within a 1000 ft.** radius of another such home and therefore **satisfies** the criteria of section 33-199(10) of the zoning code.

\_\_\_\_\_ **DENIED** - I certify that the above CRH **is located within a 1000 ft.** radius of another existing group home located at \_\_\_\_\_ and therefore **does not satisfy** the criteria of section 33-199(10) of the zoning code.

I understand that the City of Miami Gardens assumes no financial or other liability in the event an error has been made in calculating, measuring or certifying that this facility meets these dispersion requirements. Group Homes with more than **six (6) residents** in a single-family dwelling unit requires a public hearing. For further information, please contact our office at 305-622-8023.

**Authorized Signature:** \_\_\_\_\_ **Issuance Date:** \_\_\_\_\_

**This form expires 180 days from issuance date**